

**Kansas Department for Aging and Disability Services
Uniform Program Registration**

Registration Date: _____		PSA
CUSTOMER INFORMATION		
First Name: _____ Middle Name: _____ Last Name: _____		
Birth Date: _____ Age: _____ Social Security #: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Residence Street Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City County State Zip Phone </div>		
Emergency Contact Name: _____		
Emergency Contact Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City County State Zip Phone Alt Phone </div>		
Ethnicity		Race
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Ethnicity Missing		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Reporting some other race <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Hispanic <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Reporting 2 or more races
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your monthly income below? <input type="checkbox"/> Yes <input type="checkbox"/> No
Doctor Name: _____		\$981 – Family of 1 or \$1,328 – Family of 2
City: _____ Phone: _____		\$1,674 – Family of 3 or \$2,021 – Family of 4
Health conditions/medications: _____		
MODIFIED DIETS		
Are you following any modified diet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are any modified diets doctor prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, mark each type: <input type="checkbox"/> Diabetic <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Ethnic/religious <input type="checkbox"/> Low sodium (salt) <input type="checkbox"/> Mechanical		
<input type="checkbox"/> Pureed <input type="checkbox"/> Renal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other		
NUTRITION RISK SCREEN		
(This section for Congregate Meals and Nutrition Counseling Only)		
Please answer each question below		
	Yes	No
Do you eat less than 2 meals daily?		
Do you eat less than 2 servings of fruits and vegetables daily?		
Do you eat less than 2 servings of dairy products (milk, cheese, yogurt, etc.) daily?		
Do you usually drink less than 6 glasses of water, milk, or juice daily? # of glasses:		
Do you drink 3 or more alcoholic beverages daily?		
Do you take 3 or more different prescriptions and/or over-the-counter drugs daily?		
Do you have problems with dentures, teeth, or mouth, which make it hard to eat? (Circle all that apply)		
Have you made changes in the kind and/or amount of food you eat because of an illness and/or condition?		
Are you physically not always able to grocery shop, cook, and/or feed yourself? (Circle all that apply)		
Do you eat alone most of the time?		
Do you feel that you usually do not have enough money to buy the food you need?		
Have you gained or lost more than 10 pounds in the last 6 months? (Circle all that apply)		
Your Nutrition Risk will be determined by answers to the questions.		
Release of Information: I consent to the release of the information on this page so I can receive services. I understand the information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and service providers as listed below to enable the delivery of services and program monitoring.		
Customer/Guardian Signature _____		Date _____
Reviewer Signature _____		Date _____

~~~~~ AGENCY ONLY ~~~~~											
KAMIS ID #: _____				<b>PARTICIPANT STATUS FOR MEALS</b>							
Total Nutrition Risk Score: _____				<input type="checkbox"/> 60+ Person <input type="checkbox"/> Less than 60 Spouse of 60+ Person <input type="checkbox"/> Less than 60 disabled Person residing with 60+ Person <input type="checkbox"/> 60+ non-spouse Caretaker (IIB Home-delivered meals only) <input type="checkbox"/> Volunteer <input type="checkbox"/> Less than 60 disabled Person residing in housing facility with congregate meal site and occupied mostly by 60+ Persons							
<b>UNMET NEEDS</b>											
<b>Service Code</b>	<b>Availability Code</b>	<b>Monthly Units</b>									
<b>PSA</b>	<b>Service Code</b>	<b>Funding Source</b>	<b>Disaster</b>	<b>Provider</b>	<b>Unit(s)</b>	<b>Per</b>	<b>Total Units Monthly</b>	<b>Cost of Unit</b>	<b>Start Date</b>	<b>End Date</b>	<b>Discharge Code</b>